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| Fill in this information to identify your case: | | |
|---|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the: | | |
| WESTERN DISTRICT OF MISSOURI | _ | |
| Case number (if known) | Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself | | |
|-----|--|--|--|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. | First name Glen Middle name Watts Last name and Suffix (Sr., Jr., II, III) | Jennifer First name L Middle name Watts Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years Include your married or maiden names. | | FKA Jennifer L Thompson FKA Jennifer L Hunn FKA Jennifer L Hurst |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-1606 | xxx-xx-1011 |

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Debtor 1 Jeffrey Glen Watts
Debtor 2 Jennifer L Watts

Case number (if known)

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|----|---|---|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | ■ I have not used any business name or EINs. | ■ I have not used any business name or EINs. |
| | Include trade names and doing business as names | Business name(s) | Business name(s) |
| | | EINs | EINs |
| 5. | Where you live | 4469 Hwy 63 | If Debtor 2 lives at a different address: |
| | | Cabool, MO 65689 Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code |
| | | Texas | |
| | | County | County |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code |
| 6. | Why you are choosing this district to file for | Check one: | Check one: |
| | bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) |
| | | | |

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| Deb | tor 2 Jennifer L Watts | | | | _ | Case | number (if known) | | |
|-----|---|---|-----------------------------------|--|------------------------|---------------------|--------------------------|-----------------------------------|--|
| | | | | | | | | | |
| Par | Tell the Court About | Your B | Bankruptcy Ca | se | | | | | |
| 7. | The chapter of the Bankruptcy Code you are | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. | | | | | | | |
| | choosing to file under | ■ C | Chapter 7 | | | | | | |
| | | □с | Chapter 11 | | | | | | |
| | | □с | Chapter 12 | | | | | | |
| | | o c | Chapter 13 | | | | | | |
| 8. | How you will pay the fee | | about how yo | entire fee when I file my pe u may pay. Typically, if you a attorney is submitting your pa address. | re paying | the fee yourself, | you may pay with cash | h, cashier's check, or money | |
| | | | I need to pay | the fee in installments. If ye in Installments (Official Form | ou choos | e this option, sigr | n and attach the Applica | ation for Individuals to Pay | |
| | | | I request that but is not requ | t my fee be waived (You ma uired to, waive your fee, and r | y request may do so | only if your inco | ome is less than 150% o | of the official poverty line that | |
| | | | | ur family size and you are una on to Have the Chapter 7 Filin | | | | | |
| 9. | Have you filed for bankruptcy within the | □ No | | | | | | | |
| | last 8 years? | ■ Ye | es. District | WDMO Jeffrey with prior wife | When | 1/17/08 | Case number | 08-61320 | |
| | | | District | WDMO Jennifer Hurst with prior husband | When | 9/13/07 | Case number | 07-61320 | |
| | | | District | | _ _ When | | Case number | | |
| 10. | Are any bankruptcy cases pending or being | ■ No | 0 | | | | | | |
| | filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | □ Ye | es. | | | | | | |
| | | | Debtor | | | | Relationship to y | /ou | |
| | | | District | | _ When | | Case number, if | | |
| | | | Debtor | | | | Relationship to y | · | |
| | | | District | | _ When | | Case number, if | known | |
| 11. | Do you rent your residence? | ■ No | o. Go to li | ine 12. | | | | | |
| | | □ Ye | es. Has yo | ur landlord obtained an evicti | on judgm | ent against you? | | | |
| | | | | No. Go to line 12. | | | | | |
| | | | | Yes. Fill out <i>Initial Statement</i> this bankruptcy petition. | t About ar | ı Eviction Judgm | ent Against You (Form | 101A) and file it as part of | |

Debtor 1 Jeffrey Glen Watts

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Jeffrey Glen Watts

| Deb | tor 2 Jennifer L Watts | | | | Case number (if known) | |
|-----|---|-----------|----------------------------|---|--|---|
| | | | | | | |
| Par | Report About Any Bu | sinesses | You Owr | ı as a Sole Proprie | etor | |
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to | Part 4. | | |
| | | ☐ Yes. | Name | and location of bus | siness | |
| | A sole proprietorship is a | | | | | |
| | business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | | e of business, if any | | |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Numb | per, Street, City, Stat | ate & ZIP Code | |
| | it to this petition. | | Chec | k the appropriate bo | ox to describe your business: | |
| | | | | Health Care Busin | iness (as defined in 11 U.S.C. § 101(27A)) | |
| | | | | Single Asset Real | al Estate (as defined in 11 U.S.C. § 101(51B)) | |
| | | | | Stockbroker (as d | defined in 11 U.S.C. § 101(53A)) | |
| | | | | Commodity Broke | er (as defined in 11 U.S.C. § 101(6)) | |
| | | | | None of the above | ve | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? | deadlines | s. If you ir is, cash-f | ndicate that you are a low statement, and f | court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of federal income tax return or if any of these documents do not exist, follow the procedure | |
| | For a definition of small | ■ No. | I am i | not filing under Chap | pter 11. | |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am f Code | | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy | |
| | | ☐ Yes. | I am f | iling under Chapter | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. | |
| Par | t 4: Report if You Own or | Have Any | Hazardo | ous Property or An | ny Property That Needs Immediate Attention | |
| 14. | Do you own or have any property that poses or is | ■ No. | | | | _ |
| | alleged to pose a threat of imminent and identifiable hazard to | ☐ Yes. | What is | the hazard? | | |
| | public health or safety? Or do you own any property that needs immediate attention? | | | diate attention is why is it needed? | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs | | Where is | s the property? | | |
| | urgent repairs? | | | | Number, Street, City, State & Zip Code | |
| | | | | | | _ |

Debtor 1

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Debtor 1 Jeffrey Glen Watts
Debtor 2 Jennifer L Watts

Case number (if known)

 Tell the court whether you have received a briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

Explain Your Efforts to Receive a Briefing About Credit Counseling

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filled for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 19-60227-can7 Doc 1 Filed 03/05/19 Entered 03/05/19 14:01:40 Desc Main Document Page 6 of 65

| | tor 1 Jeffrey Glen Watt tor 2 Jennifer L Watts | S | | | Case number | (if known) |
|-----|--|--------------------|---|------------------------|---|--|
| Par | 6: Answer These Quest | ions for R | eporting Purposes | | | |
| 16. | What kind of debts do you have? | 16a. | Are your debts primarily cons individual primarily for a persona | | | ed in 11 U.S.C. § 101(8) as "incurred by an |
| | | | ☐ No. Go to line 16b. | | | |
| | | | Yes. Go to line 17. | | | |
| | | 16b. | Are your debts primarily busing money for a business or investment | | | |
| | | | ☐ No. Go to line 16c. | | | |
| | | | ☐ Yes. Go to line 17. | | | |
| | | 16c. | State the type of debts you owe | that are not consu | mer debts or business | debts |
| 17. | Are you filing under Chapter 7? | □ No. | I am not filing under Chapter 7. | Go to line 18. | | |
| | Do you estimate that after any exempt property is excluded and | ■ Yes. | are paid that funds will be availa | | | ty is excluded and administrative expenses |
| | administrative expenses are paid that funds will | | No | | | |
| | be available for distribution to unsecured creditors? | | ☐ Yes | | | |
| 18. | How many Creditors do | 1 -49 | | 1 ,000-5,000 |) | 1 25,001-50,000 |
| | you estimate that you owe? | □ 50-99 | | ☐ 5001-10,00 | | 50,001-100,000 |
| | | ☐ 100-1 ☐ 200-9 | | □ 10,001-25,0 | 000 | ☐ More than100,000 |
| 19. | How much do you | \$ 0 - \$ | 50.000 | □ \$1,000,001 | - \$10 million | ☐ \$500,000,001 - \$1 billion |
| | estimate your assets to be worth? | □ \$50,0 | 01 - \$100,000 | | 1 - \$50 million | \$1,000,000,001 - \$10 billion |
| | | | 001 - \$500,000 001 - \$1 million | | 1 - \$100 million 01 - \$500 million | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion |
| 20. | How much do you | □ \$0 - \$ | 50,000 | □ \$1,000,001 | - \$10 million | ☐ \$500,000,001 - \$1 billion |
| | estimate your liabilities to be? | | 001 - \$100,000 | □ \$10,000,00 | | \$1,000,000,001 - \$10 billion |
| | | | 001 - \$500,000 001 - \$1 million | | 1 - \$100 million 01 - \$500 million | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion |
| Par | :7: Sign Below | | | | | |
| For | you | I have ex | camined this petition, and I declare | e under penalty of | perjury that the informa | ation provided is true and correct. |
| | | | chosen to file under Chapter 7, I a tates Code. I understand the relie | | | nder Chapter 7, 11,12, or 13 of title 11, ose to proceed under Chapter 7. |
| | | | rney represents me and I did not put, I have obtained and read the no | | | an attorney to help me fill out this |
| | | I request | relief in accordance with the chap | oter of title 11, Unit | ed States Code, specif | ied in this petition. |
| | | | cy case can result in fines up to \$ | | | property by fraud in connection with a ars, or both. 18 U.S.C. §§ 152, 1341, 1519, |
| | | /s/ Jeffr | ey Glen Watts | | /s/ Jennifer L Watte | its |
| | | | Glen Watts e of Debtor 1 | | Jennifer L Watts Signature of Debtor 2 | 2 |
| | | Executed | d on March 5, 2019 | | Executed on Marc | :h 5, 2019 |
| | | | MM / DD / YYYY | | | DD / YYYY |

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| | Document | Page 7 of 65 | |
|---|--|-----------------------------|---|
| Debtor 1 Jeffrey Glen Watts Debtor 2 Jennifer L Watts | S | Cas | e number (if known) |
| | | | |
| For your attorney, if you are represented by one | under Chapter 7, 11, 12, or 13 of title 11, Unit | ted States Code, and have e | informed the debtor(s) about eligibility to proceed explained the relief available under each chapter debtor(s) the notice required by 11 U.S.C. § 342(b) |
| If you are not represented by an attorney, you do not need to file this page. | | | rledge after an inquiry that the information in the |
| | /s/ Patrick W. Rodery | Date | March 5, 2019 |
| | Signature of Attorney for Debtor | | MM / DD / YYYY |
| | Patrick W. Rodery 44501 | | |
| | Printed name | | |
| | Law Offices of Patrick W. Rodery | | |
| | Firm name | | |
| | 925 North Main St. | | |
| | Mountain Grove, MO 65711 | | |
| | Number, Street, City, State & ZIP Code | | |
| | Contact phone 417-926-3440 | Email address | roderyatty@centurytel.net |
| | 44501 MO | | |

Bar number & State

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B2030 (Form 2030) (12/15)

United States Bankruptcy Court Western District of Missouri

| In re | Jeffrey Glen Watts Jennifer L Watts | | Case No. | |
|--------------|---|---|--|-------------------------------------|
| 111.10 | Jennier L Watts | Debtor(s) | Chapter | 7 |
| | DISCLOSURE OF COMPI | FNSATION OF ATTOR | NEV FOR DE | 'RTOR(S) |
| 1 D | | | | |
| C | ursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 201 compensation paid to me within one year before the file rendered on behalf of the debtor(s) in contemplation | ling of the petition in bankruptcy, | or agreed to be paid | to me, for services rendered or to |
| | For legal services, I have agreed to accept | | \$ | 1,165.00 |
| | Prior to the filing of this statement I have received | d | \$ | 1,165.00 |
| | Balance Due | | \$ | 0.00 |
| 2. T | he source of the compensation paid to me was: | | | |
| | ■ Debtor □ Other (specify): | | | |
| 3. T | he source of compensation to be paid to me is: | | | |
| | ■ Debtor □ Other (specify): | | | |
| 4 . ■ | I have not agreed to share the above-disclosed con | npensation with any other person u | inless they are memb | pers and associates of my law firm. |
| | ☐ I have agreed to share the above-disclosed comper copy of the agreement, together with a list of the n | | | |
| 5. Iı | n return for the above-disclosed fee, I have agreed to | render legal service for all aspects | of the bankruptcy c | ase, including: |
| b. c. | Analysis of the debtor's financial situation, and rene Preparation and filing of any petition, schedules, st Representation of the debtor at the meeting of cred. [Other provisions as needed] Negotiations with secured creditors to | atement of affairs and plan which itors and confirmation hearing, and reduce to market value; exe | may be required; d any adjourned hear mption planning; | rings thereof; |
| | reaffirmation agreements and applicat 522(f)(2)(A) for avoidance of liens on h | | and filing of moti | ons pursuant to 11 USC |
| 6. B | y agreement with the debtor(s), the above-disclosed f | | service: | |
| | | CERTIFICATION | | |
| | certify that the foregoing is a complete statement of a nkruptcy proceeding. | any agreement or arrangement for | payment to me for re | epresentation of the debtor(s) in |
| Ma | arch 5, 2019 | /s/ Patrick W. Rod | erv | |
| Da | | Patrick W. Rodery | 44501 | |
| | | Signature of Attorney Law Offices of Pa | | |
| | | 925 North Main St Mountain Grove, I | | |
| | | 417-926-3440 Fax | | |
| | | roderyatty@centu | rytel.net | |
| | | Name of law firm | | |

Account Discovery Systems LLC 11 Pinchot Court Suite 110 Buffalo NY 14228

Account Resolution Corp PO Box 3860 Chesterfield MO 63006-3860

Advance Financial 24/7 1901 8th Ave South Nashville TN 37204

American Medical Collection Agency 4 Westchester Plaza, Bldg 4 Elmsford NY 10523

Buzbee Dental c/o Capital Accounts P.O. Box 1470065 Nashville TN 37214

Cable America 690 Missouri Ave Suite 13 Saint Robert MO 65584

Capitol Accounts PO Box 140065 Nashville TN 37214

Capitol One Bank USA Na PO Box 85015 Richmond VA 23285

Car Mart of West Plains 1702 Porter Wagoner Blvd West Plains MO 65775

Castle Credit Corporation 8430 W Bryn Mawr Ave Chicago IL 60631

Centurylink
P.O. Box 4300
Carol Stream IL 60197-4300

City of Mtn Grove PO Box 351 Mountain Grove MO 65711

Colonial Auto Finance/CM 802 SE Plaza Ave Ste 114 Bentonville AR 72712

Consumer Adjustment Co 4121 Union Road Suite 201 Saint Louis MO 63129

Credit Bureau Associates 604 W. Broadway West Plains MO 65775

Dish Network
P.O. Box 7203
Pasadena CA 91109-7303

Diversified Consultants PO Box 551268 Jacksonville FL 32255

Ferrell-Duncan Clinic P.O. Box 9007 Springfield MO 65808-9007

Flagg Auto 3216 S. Campbell Springfield MO 65807

FMC PO Box 542000 Omaha NE 68154-8000

Ford Motor Credit National Bankruptcy Service Center PO Box 537901 Livonia MI 48153-7901

Great Southern Bank P.O. Box 9009 Springfield MO 65808

Highline Labs, LLC P.O. Box 481500 Charlotte NC 28269

King of Kash Loans 1732 N. Bishop, Suite C Rolla MO 65401

Lester E. Cox Medical Centers 1423 N. Jefferson Springfield MO 65802

Litton & Giddings RAD Associates, P.C. P.O. Box 2727 Springfield MO 65801-2727

Missouri Ozarks Community Health PO Box 1359 Ava MO 65608

Mtn Grove Medical & Laser Clinic 601 N Busch St Mountain Grove MO 65711

Ozarks Medical Center P.O. Box 1100 West Plains MO 65775

PCM P.O. Box 4037 Jonesboro AR 72403-4037

Pointer Law Office 28 Court Square Gainesville MO 65655

Progressive Direct Auto P.O. Box 31260 Tampa FL 33631

Progressive Ozark Bank 1460 S. Sam Houston Blvd Houston MO 65483 Quest Diagnostics PO Box 740780 Cincinnati OH 45274-0780

Randy Campney, Sr 5413 Highway 63 Houston MO 65483

Receivables Management B 409 Bearden Park Cir Knoxville TN 37919-7448

Santander Consumer USA 8585 N Stemmons Fwy Ste 1000 Dallas TX 75247

Se Ma No Elecric Coop PO Box 318 Mansfield MO 65704

Summit Natural Gas P.O. Box 270868 Littleton CO 80127

Syncb/JC Penny's PO Box 965036 Orlando FL 32896

Syncb/Walmart PO Box 965036 Orlando FL 32896

Texas County Memorial Hospital 1333 S. Sam Houston Blvd Houston MO 65483

Tower Loan 808 West Broadway West Plains MO 65775

Transworld Systems 2135 E Primrose Suite Q Springfield MO 65804 Verizon Wireless PO Box 11328 Saint Petersburg FL 33733

Wakefield & Associates PO Box 58 Fort Morgan CO 80701

Westrock Orthodontics 237 East 17th St Mountain Grove MO 65711 Case 19-60227-can7 Doc 1 Filed 03/05/19 Entered 03/05/19 14:01:40 Desc Main Document Page 14 of 65

United States Bankruptcy Court Western District of Missouri

| In re | Jeffrey Glen Watts Jennifer L Watts | | Case No. | |
|-------|--|-----------|----------|---|
| | | Debtor(s) | Chapter | 7 |

VERIFICATION OF MAILING MATRIX

The above-named Debtor(s) hereby verifies that the attached list of creditors is true and correct to the best of my knowledge and includes the name and address of my ex-spouse (if any).

| Date: | March 5, 2019 | /s/ Jeffrey Glen Watts | |
|-------|---------------|------------------------|--|
| | | Jeffrey Glen Watts | |
| | | Signature of Debtor | |
| Date: | March 5, 2019 | /s/ Jennifer L Watts | |
| | | Jennifer L Watts | |
| | | Signature of Debtor | |

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| Fill in this infor | mation to identify your | case: | | |
|---------------------|--------------------------|--------------------|-------------|-------------------------|
| Debtor 1 | Jeffrey Glen Watt | s | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Jennifer L Watts | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | WESTERN DISTRICT (| OF MISSOURI | |
| Case number | | | | |
| (if known) | | | | ☐ Check if th amended f |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Pai | t 1: Summarize Your Assets | | |
|-----------------|--|-------------|-----------------------------|
| | | Your as | ssets f what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 0.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 22,978.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 22,978.00 |
| aı | t 2: Summarize Your Liabilities | | |
| | | | abilities you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 14,300.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 59,540.80 |
| | Your total liabilities | \$ | 73,840.80 |
| Pai | t 3: Summarize Your Income and Expenses | | |
| 1. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 4,540.00 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 4,538.00 |
| ² aı | t 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | r other sch | edules. |
| 7. | ■ Yes What kind of debt do you have? | | |

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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| Debtor | ² Jennifer L Watts | Case number (if known) | |
|--------------|---|--|--|
| | | | |
| 3. Fr | om the Statement of Your Current Monthly Income: Co | ony your total current monthly income from Official Form | |

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

8,774.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

Debtor 1 Jeffrey Glen Watts

| From Boot A on Only duly E/E as much fall suring | Tota | al claim |
|--|------|----------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$_ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$_ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$_ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$_ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$_ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$_ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

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|-------------------------------------|--|---|---|--------------------------|
| Fill in this in | formation to identify your case | and this filing: | | |
| Debtor 1 | Jeffrey Glen Watts | | | |
| DCDIOI 1 | First Name | Middle Name Last Name | | |
| Debtor 2 | Jennifer L Watts | | | |
| (Spouse, if filing) | First Name | Middle Name Last Name | | |
| United States | Bankruptcy Court for the: WES | TERN DISTRICT OF MISSOURI | | |
| oou o.u.o. | | | | |
| Case number | r | | | ☐ Check if this is an |
| | | | | amended filing |
| | | | | |
| Official I | Form 106A/B | | | |
| _ | _ | | | |
| Schea | ule A/B: Propert | .y | | 12/15 |
| information. If I Answer every o | more space is needed, attach a sepa question. | oossible. If two married people are filing together, both ar arate sheet to this form. On the top of any additional page I, or Other Real Estate You Own or Have an Interest In | | |
| l. Do vou own | or have any legal or equitable intere | est in any residence, building, land, or similar property? | | |
| | any logal of equitable filter | | | |
| No. Go to | Part 2. | | | |
| ☐ Yes. Whe | ere is the property? | | | |
| | | | | |
| Part 2: Desci | ribe Your Vehicles | | | |
| □ No ■ Yes | | | Do not doduct occurred of | aima ar ayamatigas Dut |
| 3.1 Make: | Chevy | Who has an interest in the property? Check one | Do not deduct secured cla the amount of any secure | |
| Model: | Equinox | Debtor 1 only | Creditors Who Have Clair | ms Secured by Property. |
| Year: | 2011 | Debtor 2 only | Current value of the | Current value of the |
| • • • | imate mileage: 160000 | Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| Other in | nformation: | At least one of the debtors and another | | |
| | | ☐ Check if this is community property (see instructions) | \$5,500.00 | \$5,500.00 |
| | Dodgo | | Do not deduct secured cla | aims or exemptions. Put |
| 3.2 Make: | Dodge | Who has an interest in the property? Check one | the amount of any secure | ed claims on Schedule D: |
| Model: | Ram | ☐ Debtor 1 only | Creditors Who Have Clair | ms Secured by Property. |
| Year: | 2002 imate mileage: 230000 | Debtor 2 only | Current value of the | Current value of the |
| | do miliougo. | Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| Otner in | nformation: | ☐ At least one of the debtors and another | | |
| | | ☐ Check if this is community property (see instructions) | \$5,500.00 | \$5,500.00 |
| | | | | |
| 4. Watercraft | t, aircraft, motor homes. ATVs a | nd other recreational vehicles, other vehicles, and | accessories | |
| | | atercraft, fishing vessels, snowmobiles, motorcycle ac | | |
| _ | | | | |
| ■ No | | | | |
| ΠVoc | | | | |

☐ Yes

| Debtor 1 Debtor 2 | Jeffrey Glen Jennifer L W | | known) |
|---|---|---|---|
| | | the portion you own for all of your entries from Part 2, including any entries for ed for Part 2. Write that number here | |
| Part 3: | Describe Your Perso | nal and Household Items | |
| Do you o | own or have any l | egal or equitable interest in any of the following items? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| Exam | , , , , , , | urnishings ces, furniture, linens, china, kitchenware | |
| | | 4 beds, 4 dressers, 2 nightstands, couch, loveseat, recliner, coffee and end tables, tables and chairs, stove, refrigerator, washer and dryer, misc pots, pans, utensils and linens | \$3,000.00 |
| □ No | ples: Televisions a including cell | nd radios; audio, video, stereo, and digital equipment; computers, printers, scanners; phones, cameras, media players, games | music collections; electronic devices |
| | | 3 tvs, 3 mobile phones | \$200.00 |
| Exam No □ Yes P. Equip Exam No □ No | other collections. Describe ment for sports a | graphic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; uments | canoes and kayaks; carpentry tools; |
| | | golf clubs, kids bikes, fishing poles and misc tackle | \$325.00 |
| □ No | mples: Pistols, rifles | s, shotguns, ammunition, and related equipment | |
| | | 30-06 bolt action rifle, 12 ga pump shotgun, single shot 20 ga | \$550.00 |
| □ No | mples: Everyday cl | othes, furs, leather coats, designer wear, shoes, accessories | |
| | | Mens & Womens Clothes | \$200.00 |
| 12. Jewe <i>Exai</i> □ No. | | welry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, | gems, gold, silver |

⊔ No

Yes. Describe.....

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| | y Glen Watts er L Watts | Case number (if known) | |
|--|--|--|---|
| | wedding set, misc costu | ıme jewelry | \$400.00 |
| 13. Non-farm anima Examples: Dogs □ No ■ Yes. Describe | s, cats, birds, horses | | |
| | 2 dogs | | \$0.00 |
| ■ No | onal and household items you did no | ot already list, including any health aids you did not list | |
| — 103. ONC 3pc | one mornator | | |
| | value of all of your entries from Parte that number here | rt 3, including any entries for pages you have attached | \$4,675.00 |
| Part 4: Describe Yo | ır Financial Assets | | |
| | e any legal or equitable interest in a | ny of the following? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 17. Deposits of mo <i>Examples:</i> Che | cking, savings, or other financial accou rutions. If you have multiple accounts v | ints; certificates of deposit; shares in credit unions, brokerage with the same institution, list each. Institution name: | houses, and other similar |
| | 17.1. Checking | Jennifer & Jeff Watts Arvest Bank 13167215 < negative balance> | \$0.00 |
| | 17.2. Savings | Jennifer & Jeff Watts Arvest Bank 0024394747 | \$3.00 |
| | funds, or publicly traded stocks d funds, investment accounts with brok | erage firms, money market accounts | |
| 19. Non-publicly tra | aded stock and interests in incorpor | ated and unincorporated businesses, including an interes | et in an LLC, partnership, and |
| ■ No □ Yes. Give spe | cific information about themName of entity: | % of ownership: | |
| Negotiable insti Non-negotiable | uments include personal checks, cash | able and non-negotiable instruments iers' checks, promissory notes, and money orders. sfer to someone by signing or delivering them. | |
| ■ No □ Yes. Give spe | cific information about them Issuer name: | | |

Official Form 106A/B Schedule A/B: Property

page 3

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| | ebtor 1 ebtor 2 | Jeffrey Glen Jennifer L W | | | Cas | e number (if known) | |
|-----|--------------------------|--|---|--------------------------------------|--|---|-------|
| 21. | | nent or pension bles: Interests in If | | 403(b), thrift savin | gs accounts, or other pensi | on or profit-sharing plans | |
| | Yes. | List each account | separately. Type of account: | Institution | name: | | |
| | | | 401(k) | 401K at | Vanguard | \$6,700 | .00 |
| | Your sl Examp ■ No | | I deposits you have made s | , public utilities (el | ntinue service or use from a ectric, gas, water), telecomr | company nunications companies, or others | |
| | | ies (A contract for | a periodic payment of mor | | or life or for a number of yea | urs) | |
| 24. | | | n IRA, in an account in a 29A(b), and 529(b)(1). | qualified ABLE p | ogram, or under a qualific | ed state tuition program. | |
| | ☐ Yes | Ins | titution name and description | on. Separately file | the records of any interests | 11 U.S.C. § 521(c): | |
| | ■ No | • | ure interests in property (| other than anythi | ng listed in line 1), and rig | hts or powers exercisable for your benefit | |
| | Examp ■ No | oles: Internet dom | demarks, trade secrets, a ain names, websites, proce | | | | |
| | Examp ■ No | oles: Building pern | nd other general intangib nits, exclusive licenses, coo | | on holdings, liquor licenses, | professional licenses | |
| | | property owed to | | | | Current value of the portion you own? Do not deduct secure claims or exemptions | ed |
| | ■ No | unds owed to yo | | ng whether you alı | eady filed the returns and th | ne tax years | |
| | ■ No | | , , , , | support, child sup | port, maintenance, divorce s | settlement, property settlement | |
| | Examp ■ No | benefits; unp | es, disability insurance payn paid loans you made to som | | nefits, sick pay, vacation pa | y, workers' compensation, Social Security | |
| | | Give specific info | | | | | |
| 31. | | ts in insurance poles: Health, disab | | h savings account | (HSA); credit, homeowner's | s, or renter's insurance | |
| | ☐ Yes. Iicial Forn | | ice company of each policy | and list its value. Schedule A/B: | Property | pa | ige 4 |

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| Debtor 1 Debtor 2 | Jeffrey Glen Watts Jennifer L Watts | Case number (if known) | iber (if known) | | |
|----------------------------|--|---|----------------------------|--|--|
| | Company name: | Beneficiary: | Surrender or refund value: | | |
| If you a someor ■ No | erest in property that is due you from someone who re the beneficiary of a living trust, expect proceeds from the has died. Give specific information | | eive property because | | |
| | against third parties, whether or not you have filed les: Accidents, employment disputes, insurance claims, | | | | |
| | Describe each claim | | | | |
| ■ No | ontingent and unliquidated claims of every nature, | including counterclaims of the debtor and rights to | o set off claims | | |
| | Describe each claim | | | | |
| ■ No | Give specific information | | | | |
| | ne dollar value of all of your entries from Part 4, incl rt 4. Write that number here | | \$6,703.00 | | |
| Part 5: Des | cribe Any Business-Related Property You Own or Have an | Interest In. List any real estate in Part 1. | | | |
| | wn or have any legal or equitable interest in any business- | -related property? | | | |
| ■ No. Go | | | | | |
| | | | | | |
| | cribe Any Farm- and Commercial Fishing-Related Property u own or have an interest in farmland, list it in Part 1. | y You Own or Have an Interest In. | | | |
| _ | own or have any legal or equitable interest in any fa | arm- or commercial fishing-related property? | | | |
| _ ` | Go to Part 7. | | | | |
| ☐ Yes. | Go to line 47. | | | | |
| Part 7: | Describe All Property You Own or Have an Interest in Tha | at You Did Not List Above | | | |
| | have other property of any kind you did not already les: Season tickets, country club membership | / list? | | | |
| Yes. C | Give specific information | | | | |
| | bbq grill, riding mower, pati compressr, lawn cart, misc | io set, weedeater, chainsaw, tiller, air yard and hand tools | \$600.00 | | |
| 54 Add th | ne dollar value of all of your entries from Part 7. Wri | ite that number here | \$600.00 | | |

Official Form 106A/B Schedule A/B: Property page 5

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Jeffrey Glen Watts Debtor 1 Debtor 2 Jennifer L Watts Case number (if known) Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$0.00 Part 2: Total vehicles, line 5 \$11,000.00 57. Part 3: Total personal and household items, line 15 \$4,675.00 58. Part 4: Total financial assets, line 36 \$6,703.00 Part 5: Total business-related property, line 45 59. \$0.00 Part 6: Total farm- and fishing-related property, line 52 60. \$0.00 Part 7: Total other property not listed, line 54 \$600.00 Total personal property. Add lines 56 through 61... Copy personal property total \$22,978.00 \$22,978.00 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$22,978.00

Official Form 106A/B Schedule A/B: Property page 6

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| Fill in this infor | mation to identify your | case: | | |
|------------------------|--------------------------|--------------------|-------------|--------------------------------------|
| Debtor 1 | Jeffrey Glen Watt | s | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Jennifer L Watts | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | WESTERN DISTRICT (| OF MISSOURI | |
| Case number (if known) | | | | ☐ Check if this is an amended filing |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | Identify | the Pro | perty You | Claim as | Exempt |
|---------|----------|---------|-----------|----------|--------|
|---------|----------|---------|-----------|----------|--------|

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property portion you ow | | Amo | ount of the exemption you claim | Specific laws that allow exemption |
|--|-------------------------------------|-----|---|------------------------------------|
| | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | |
| 2002 Dodge Ram 230000 miles Line from Schedule A/B: 3.2 | \$5,500.00 | | \$1,000.00 | RSMo § 513.430.1(5) |
| Ellie Holli Geriedale FAB. G.E | | | 100% of fair market value, up to any applicable statutory limit | |
| 4 beds, 4 dressers, 2 nightstands, couch, loveseat, recliner, coffee and | \$3,000.00 | | \$3,000.00 | RSMo § 513.430.1(1) |
| end tables, tables and chairs, stove, refrigerator, washer and dryer, misc pots, pans, utensils and linens Line from Schedule A/B: 6.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| 3 tvs, 3 mobile phones Line from Schedule A/B: 7.1 | \$200.00 | | \$200.00 | RSMo § 513.430.1(1) |
| Life from Schedule AVD. 1.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| golf clubs, kids bikes, fishing poles and misc tackle | \$325.00 | | \$325.00 | RSMo § 513.430.1(1) |
| Line from Schedule A/B: 9.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| 30-06 bolt action rifle, 12 ga pump shotgun, single shot 20 ga | \$550.00 | | \$550.00 | RSMo § 513.430.1(12) |
| Line from Schedule A/B: 10.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | | | | |

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| Debtor 1 Debtor 2 | | | | Case number (if known) | |
|----------------------|---|--------------------------------------|--------|---|------------------------------------|
| | of description of the property and line on needule A/B that lists this property | Current value of the portion you own | Am | ount of the exemption you claim | Specific laws that allow exemption |
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| | ns & Womens Clothes e from Schedule A/B: 11.1 | \$200.00 | | \$200.00 | RSMo § 513.430.1(1) |
| Link | s nom sonedale 772. TTT | | | 100% of fair market value, up to any applicable statutory limit | |
| | dding set, misc costume jewelry | \$400.00 | | \$400.00 | RSMo § 513.430.1(2) |
| LINE | e nom schedule AVB. 12.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | vings: Jennifer & Jeff Watts vest Bank | \$3.00 | | \$3.00 | RSMo § 513.430.1(3) |
| 002 | 24394747 e from <i>Schedule A/B</i> : 17.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| | I (k): 401K at Vanguard | \$6,700.00 | | \$6,700.00 | RSMo § 513.430.1(10)(f) |
| LINE | e Hotti Schedule AVB. 21.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | q grill, riding mower, patio set, edeater, chainsaw, tiller, air | \$600.00 | | \$600.00 | RSMo § 513.430.1(1) |
| cor har | mpressr, lawn cart, misc yard and nd tools e from Schedule A/B: 53.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | e you claiming a homestead exemption of bject to adjustment on 4/01/19 and every 3 No | | | led on or after the date of adjustmen | t.) |
| | Yes. Did you acquire the property covered No | ed by the exemption wi | thin 1 | ,215 days before you filed this case | ? |

☐ Yes

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| Fill in this inform | ation to identify you | r case: | r age z | .0 01 00 | | |
|-------------------------------------|--------------------------------|---|----------------|--|----------------------|----------------------|
| Debtor 1 | Jeffrey Glen Wa | tts | | | | |
| Dahtano | First Name | Middle Name | Last Name | | | |
| Debtor 2 (Spouse if, filing) | Jennifer L Watts | Middle Name | Last Name | | | |
| United States Ban | kruptcy Court for the: | WESTERN DISTRICT OF MIS | SOURI | | | |
| C | | | | | | |
| Case number | | | | | ☐ Check | if this is an |
| | | | | | ameno | led filing |
| Official Form | 106D | | | | | |
| Schedule I | D: Creditors | Who Have Claims | Secure | ed by Property | / | 12/15 |
| | | f two married people are filing togeth out, number the entries, and attach it | | | | |
| 1. Do any creditors I | have claims secured by | your property? | | | | |
| ☐ No. Check | this box and submit the | nis form to the court with your other | schedules. | You have nothing else to | report on this form. | |
| Yes. Fill in | all of the information I | pelow. | | | | |
| Part 1: List All | Secured Claims | | | . Column A | Column B | Column C |
| | | nore than one secured claim, list the cre a particular claim, list the other creditors | | ely | Value of collateral | Unsecured |
| | | cal order according to the creditor's nam | | Do not deduct the value of collateral. | that supports this | portion |
| 2.1 Car Mart o | f West Plains | Describe the property that secures t | the claim: | \$4,500.00 | \$5,500.00 | If any \$0.00 |
| Creditor's Name | | 2002 Dodge Ram 230000 mil | les | | | |
| 1702 Porte | er Wagoner | | | | | |
| Blvd | i wagoner | As of the date you file, the claim is: apply. | Check all that | | | |
| West Plain | ns, MO 65775 | ☐ Contingent | | | | |
| Number, Street, | City, State & Zip Code | Unliquidated | | | | |
| Who owes the del | ot? Check one. | ☐ Disputed Nature of lien. Check all that apply. | | | | |
| Debtor 1 only | | An agreement you made (such as i | mortgage or s | secured | | |
| Debtor 2 only | | car loan) | 3.3. | | | |
| Debtor 1 and Del | • | ☐ Statutory lien (such as tax lien, med | chanic's lien) | | | |
| ☐ At least one of the | e debtors and another | ☐ Judgment lien from a lawsuit☐ Other (including a right to offset) | | | | |
| community deb | | Other (including a right to offset) | | | | |
| Date debt was incu | rred 3/2017 | Last 4 digits of account numl | ber | | | |
| Colonial A | uto | | | | | |
| Finance/C | M | Describe the property that secures t | | \$9,800.00 | \$5,500.00 | \$4,300.00 |
| Creditor's Name | | 2011 Chevy Equinox 160000 |) miles | | | |
| | | As of the date you file, the claim is: | Chock all that | | | |
| | iza Ave Ste 114 e, AR 72712 | apply. | Check all that | | | |
| | City, State & Zip Code | ☐ Contingent☐ Unliquidated | | | | |
| rumbor, cacoa, | only, oracle a 2.p obde | ☐ Disputed | | | | |
| Who owes the dek | ot? Check one. | Nature of lien. Check all that apply. | | | | |
| ☐ Debtor 1 only ☐ Debtor 2 only | | An agreement you made (such as a car loan) | mortgage or s | secured | | |
| ■ Debtor 2 only ■ Debtor 1 and Del | htor 2 only | Statutory lien (such as tax lien, med | chanic's lien) | | | |
| _ | e debtors and another | ☐ Judgment lien from a lawsuit | , | | | |
| ☐ Check if this cla | | Other (including a right to offset) | | | | |
| community deb | ot | | | | | |
| Date debt was incu | rred 1/2018 | Last 4 digits of account numl | ber | | | |

Official Form 106D

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| Debtor 1 | Jeffrey Glen Watt | S | | Case number (if known) | |
|----------|---|----------------------|------------------------------------|------------------------|---|
| | First Name | Middle Name | Last Name | _ | |
| Debtor 2 | Jennifer L Watts | | | | |
| | First Name | Middle Name | Last Name | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Add the | dollar value of your ent | ries in Column A or | this page. Write that number here: | \$14,300.00 |) |
| | the last page of your fo at number here: | rm, add the dollar v | ralue totals from all pages. | \$14,300.00 | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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| | | Document | Page 27 | 7 of 65 | |
|--|---|---|---|--|---|
| Fill in this | s information to identify your | case: | | | |
| Debtor 1 | Jeffrey Glen Watt | s | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, fi | Ing) Jennifer L Watts First Name | Middle Name | Last Name | | |
| United Sta | ates Bankruptcy Court for the: | WESTERN DISTRICT OF MIS | SOURI | | |
| Case nun (if known) | nber | | | | ☐ Check if this is an amended filing |
| Sched | | ho Have Unsecured | | | 12/15 |
| any execut Schedule G Schedule D left. Attach name and c | ory contracts or unexpired leases Executory Contracts and Unexp Creditors Who Have Claims Sec the Continuation Page to this pag case number (if known). | that could result in a claim. Also I ired Leases (Official Form 106G). I ured by Property. If more space is e. If you have no information to re | ist executory of not include needed, copy | ontracts on Schedule A/B: Prop any creditors with partially secu the Part you need, fill it out, num | IORITY claims. List the other party to berty (Official Form 106A/B) and on ired claims that are listed in ber the entries in the boxes on the of any additional pages, write your |
| Part 1: | List All of Your PRIORITY Un | | | | |
| | . Go to Part 2. | u ciainis against you: | | | |
| ☐ Ye: | | | | | |
| | s. List All of Your NONPRIORIT | V Unequired Claims | | | |
| ☐ No ■ Yes 4. List al unsect | s. I of your nonpriority unsecured clarged claim, list the creditor separately | art. Submit this form to the court with aims in the alphabetical order of the for each claim. For each claim listed at the other creditors in Part 3.lf you | ne creditor who | holds each claim. If a creditor h | already included in Part 1. If more |
| Part 2. | no croance richae a particular ciann, n | or and canon drounded in a directing your | navo moro man | and nonprionity and out ou diami | |
| | | | | | Total claim |
| | ccount Discovery Systems | Last 4 digits of acc | ount number | 9011 | \$14,700.00 |
| 1 | onpriority Creditor's Name 1 Pinchot Court uite 110 | When was the debt | incurred? | 2016 | |
| <u>B</u> | uffalo, NY 14228 umber Street City State Zip Code tho incurred the debt? Check one. | As of the date you | file, the claim | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | At least one of the debtors and and | other Type of NONPRIOR | RITY unsecure | d claim: | |
| | Check if this claim is for a comr | nunity | | | |
| de | ebt the claim subject to offset? | | | ration agreement or divorce that y | ou did not |
| | No | ☐ Debts to pension | or profit-sharin | g plans, and other similar debts | |
| |] Yes | Other. Specify | auto loan | | |

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| | 1 Jeffrey Glen Watts 2 Jennifer L Watts | | Case number (if known) | |
|-----|---|--|--|----------|
| 4.2 | Account Resolution Corp | Last 4 digits of account number | 3863 | \$266.00 |
| | Nonpriority Creditor's Name PO Box 3860 Chesterfield, MO 63006-3860 | When was the debt incurred? | 12/13 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Collection | | |
| 4.3 | Advance Financial 24/7 Nonpriority Creditor's Name | Last 4 digits of account number | | \$350.00 |
| | 1901 8th Ave South Nashville, TN 37204 | When was the debt incurred? | 2016 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | Other. Specify online loan | | |
| 4.4 | Buzbee Dental | Last 4 digits of account number | 7727 | \$259.00 |
| | Nonpriority Creditor's Name c/o Capital Accounts P.O. Box 1470065 | When was the debt incurred? | 2016 | |
| | Nashville, TN 37214 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify medical | | |

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| | or 2 Jennifer L Watts | Case number (if known) | |
|-----|--|--|-------------|
| 4.5 | Cable America | Last 4 digits of account number | \$550.00 |
| | Nonpriority Creditor's Name 690 Missouri Ave Suite 13 Saint Robert, MO 65584 | When was the debt incurred? 2015 | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | ■ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did report as priority claims | not |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify tv | |
| 4.6 | Capitol Accounts | Last 4 digits of account number 7727 | \$291.00 |
| | Nonpriority Creditor's Name | | |
| | PO Box 140065 Nashville, TN 37214 | When was the debt incurred? 09/16 | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | ☐ Obligations arising out of a separation agreement or divorce that you did | not |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Collection | |
| 4.7 | Capitol One Bank USA Na | Last 4 digits of account number 9145 | \$1,294.00 |
| | Nonpriority Creditor's Name PO Box 85015 | When was the debt incurred? 06/21/10 | |
| | Richmond, VA 23285 | 3,21,10 | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | \square Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did report as priority claims | not |
| | No | Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | | |
| | □ 162 | Other. Specify Credit Card | |

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| | or 2 Jennifer L Watts | Case number (if known) | |
|-----|--|---|------------|
| 4.8 | Castle Credit Corporation | Last 4 digits of account number Varies | \$4,416.00 |
| | Nonpriority Creditor's Name 8430 W Bryn Mawr Ave Chicago, IL 60631 | When was the debt incurred? 08/01/09 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did no report as priority claims | ot |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Installment Sales Contract | |
| 4.9 | Centurylink | Last 4 digits of account number | \$310.00 |
| | Nonpriority Creditor's Name P.O. Box 4300 Carol Stream, IL 60197-4300 | When was the debt incurred? 2014 | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | ■ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did no report as priority claims | ot |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify utility | |
| 4.1 | City of Mtn Grove | Last 4 digits of account number | \$0.00 |
| 0 | Nonpriority Creditor's Name | | |
| | PO Box 351 | When was the debt incurred? | |
| | Mountain Grove, MO 65711 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | no of the date you me, the claim to. Oncon an that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | □ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | $\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did no report as priority claims | ot |
| | No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | Other. Specify | |

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| | or 1 Jeffrey Glen Watts or 2 Jennifer L Watts | | Case number (if known) | |
|----------|---|--|---|------------|
| 4.1 1 | City of Mtn Grove | Last 4 digits of account number | 1205 | \$215.36 |
| | Nonpriority Creditor's Name PO Box 351 | When was the debt incurred? | 2016 | |
| | Mountain Grove, MO 65711 Number Street City State Zip Code | As of the date you file, the claim | in Check all that apply | |
| | Who incurred the debt? Check one. | As of the date you me, the claim | в. Спеск ан так арру | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify water | | |
| 4.1 2 | Consumer Adjustment Co | Last 4 digits of account number | 5534 | \$7,762.00 |
| | Nonpriority Creditor's Name 4121 Union Road Suite 201 | When was the debt incurred? | 0/14 | |
| | Saint Louis, MO 63129 | | | |
| | Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | | |
| | Yes | Other. Specify Sales Cont | ract | |
| 4.1 3 | Credit Bureau Associates | Last 4 digits of account number | 3541 | Unknown |
| | Nonpriority Creditor's Name 604 W. Broadway West Plains, MO 65775 | When was the debt incurred? | | |
| | Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | Is the claim subject to offset? | ☐ Debts to pension or profit-sharir | o plans, and other similar debts | |
| | | | אס איניים, מווע טנוופו אווווומו עפטנא | |
| | Yes | Other. Specify Medical | | |

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| Jennifer L Watts | | Case number (if known) | |
|--|---|--|----------|
| Dish Network | Last 4 digits of account number | 0464 | \$115.00 |
| Nonpriority Creditor's Name P.O. Box 7203 Pasadena, CA 91109-7303 | When was the debt incurred? | 2016 | · |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| Yes | Other. Specify satellite | | |
| Diversified Consultants | Last 4 digits of account number | 0001 | Unknown |
| Nonpriority Creditor's Name PO Box 551268 | When was the debt incurred? | | |
| Jacksonville, FL 32255 Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | |
| Who incurred the debt? Check one. | • | , | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| ■ No | ☐ Debts to pension or profit-sharing | g plans, and other similar debts | |
| ☐ Yes | Other. Specify Verizon | | |
| Ferrell-Duncan Clinic | Last 4 digits of account number | | \$780.00 |
| Nonpriority Creditor's Name P.O. Box 9007 | When was the debt incurred? | 2017 | |
| Springfield, MO 65808-9007 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| □Yes | Other. Specify medical | | |

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| Debt Debt | or 1 Jeffrey Glen Watts or 2 Jennifer L Watts | | Case number (if known) | |
|--------------|--|---|---|------------|
| 4.1 7 | Flagg Auto | Last 4 digits of account number | | Unknown |
| | Nonpriority Creditor's Name 3216 S. Campbell Springfield, MO 65807 | When was the debt incurred? | 2017 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify returned vo | ehicle | |
| 4.1 | FMC | Last 4 digits of account number | 5151 | \$1,204.00 |
| | Nonpriority Creditor's Name PO Box 542000 Omaha, NE 68154-8000 | When was the debt incurred? | 03/13/15 | |
| | Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community debt | Student loans | | |
| | Is the claim subject to offset? | ☐ Obligations arising out of a separe report as priority claims | aration agreement or divorce that you did not | |
| | ■ No | ☐ Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | Other Specify Auto | | |
| 4.1 | Ford Motor Credit | Last 4 digits of account number | | \$1,200.00 |
| | Nonpriority Creditor's Name National Bankruptcy Service Center PO Box 537901 | When was the debt incurred? | | |
| | Livonia, MI 48153-7901 Number Street City State Zip Code | As of the date you file, the claim | is: Chack all that apply | |
| | Who incurred the debt? Check one. | As of the date you me, the claim | в. Спеск ан так арру | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify | | |
| | | | | |

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| | or 1 Jeffrey Glen Watts Jennifer L Watts | Case number (if known) | |
|----------|---|---|----------|
| 4.2 | Great Southern Bank | Last 4 digits of account number | \$410.00 |
| | Nonpriority Creditor's Name P.O. Box 9009 Springfield MO 65208 | When was the debt incurred? | |
| | Springfield, MO 65808 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | Пол | |
| | Debtor 2 only | ☐ Contingent | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Unliquidated | |
| | • | ☐ Disputed Type of NONPRIORITY unsecured claim: | |
| | At least one of the debtors and another | Student loans | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | Other. Specify | |
| 4.2 1 | Highline Labs, LLC | Last 4 digits of account number 7139 | \$211.48 |
| | Nonpriority Creditor's Name P.O. Box 481500 Charlotte, NC 28269 | When was the debt incurred? 2018 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | \square Check if this claim is for a community | Student loans | |
| | debt Is the claim subject to offset? — | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify medical | |
| 4.2 | King of Kash Loans | Last 4 digits of account number | \$550.00 |
| | Nonpriority Creditor's Name 1732 N. Bishop, Suite C Rolla, MO 65401 | When was the debt incurred? 2015 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | lacktriangle Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify personal loan | |

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| otor 2 Jennifer L Watts | Case number (if known) | |
|--|---|---------|
| Lester E. Cox Medical Centers | Last 4 digits of account number | Unknown |
| Nonpriority Creditor's Name 1423 N. Jefferson Springfield, MO 65802 | When was the debt incurred? | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | ■ Other. Specify Medical bills | |
| Litton & Giddings RAD Associates, P.C. | Last 4 digits of account number | \$51.36 |
| Nonpriority Creditor's Name P.O. Box 2727 Springfield, MO 65801-2727 | When was the debt incurred? 2015 | |
| Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| ☐ Debtor 1 only | Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: ☐ Student loans | |
| ☐ Check if this claim is for a community debt | | |
| Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | Other. Specify medical | |
| Missouri Ozarks Community Health | Last 4 digits of account number 8598 | \$50.00 |
| Nonpriority Creditor's Name | Last 4 digits of account number 8598 | \$30.00 |
| PO Box 1359 Ava, MO 65608 | When was the debt incurred? 2017 | |
| Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| ☐ Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | |
| ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | Other. Specify MEDICAL | |

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| Mtn Grove Medical & Laser Clinic | Last 4 digits of account number | \$292.7 |
|---|---|-----------|
| Nonpriority Creditor's Name 601 N Busch St Mountain Grove, MO 65711 | When was the debt incurred? 2016-2018 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| Check if this claim is for a community | Student loans | |
| debt Is the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| □Yes | Other. Specify medical | |
| Ozarks Medical Center | Last 4 digits of account number Various | \$4,149.0 |
| Nonpriority Creditor's Name P.O. Box 1100 West Plains, MO 65775 | When was the debt incurred? 2015 | |
| Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: ☐ Student loans | |
| ☐ Check if this claim is for a community debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| s the claim subject to offset? | report as priority claims | |
| No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| □Yes | Other. Specify medical | |
| Pointer Law Office | Last 4 digits of account number | \$772.0 |
| Nonpriority Creditor's Name | | |
| 28 Court Square Gainesville, MO 65655 | When was the debt incurred? 2016 | |
| Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only | Contingent | |
| Debtor 2 only | Unliquidated | |
| Debtor 1 and Debtor 2 only | Disputed | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: Student loans | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| □ Yes | ■ Other. Specify fees | |

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| Progressive Direct Auto | Last 4 digits of account number 9395 | \$366.0 |
|--|---|------------|
| Nonpriority Creditor's Name P.O. Box 31260 Tampa, FL 33631 | When was the debt incurred? 2016 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did report as priority claims | not |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| □ Yes | Other. Specify insurance | |
| Progressive Ozark Bank | Last 4 digits of account number | \$766.00 |
| Nonpriority Creditor's Name 1460 S. Sam Houston Blvd Houston, MO 65483 | When was the debt incurred? 2017 | |
| Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | Disputed | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: ☐ Student loans | |
| ☐ Check if this claim is for a community debt | ☐ Obligations arising out of a separation agreement or divorce that you did | not |
| Is the claim subject to offset? | report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | Other. Specify overdraft | |
| Overal Biomeration | 7040 | *** |
| Quest Diagnostics Nonpriority Creditor's Name | Last 4 digits of account number 7816 | \$25.0 |
| PO Box 740780 | When was the debt incurred? 3/2018 | |
| Cincinnati, OH 45274-0780 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | no or the date you me, the stain is. Shook an that appry | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| Check if this claim is for a community | Student loans | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did report as priority claims | not |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| □ Yes | ■ Other. Specify medical | |

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| | or 1 Jeffrey Glen Watts Jennifer L Watts | | Case number (if known) | |
|----------|---|--|--|------------|
| 4.3 | Receivables Management B | Last 4 digits of account number | 4247 | \$366.00 |
| | Nonpriority Creditor's Name 409 Bearden Park Cir Knoxville, TN 37919-7448 | When was the debt incurred? | 10/16 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | Other. Specify Collection | | |
| 4.3 | Santander Consumer USA | Last 4 digits of account number | 8553 | \$5,121.00 |
| | Nonpriority Creditor's Name 8585 N Stemmons Fwy | When was the debt incurred? | 08/15/11 | |
| | Ste 1000 Dallas, TX 75247 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | Other. Specify Auto | | |
| 4.3 4 | Se Ma No Elecric Coop Nonpriority Creditor's Name | Last 4 digits of account number | 5906 | \$80.00 |
| | PO Box 318 Mansfield, MO 65704 | When was the debt incurred? | 2015 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | \square Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | Other. Specify utility | | |

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| Debt Debt | or 1 Jeffrey Glen Watts or 2 Jennifer L Watts | | Case number (if known) | |
|--------------|--|--|---|----------|
| 4.3 5 | Summit Natural Gas | Last 4 digits of account number | 0240 | \$527.82 |
| | Nonpriority Creditor's Name P.O. Box 270868 | When was the debt incurred? | 2016 | |
| | Littleton, CO 80127 Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | , | | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | Other. Specify gas | | |
| 4.3 | Syncb/JC Penny's | Last 4 digits of account number | 7187 | \$683.00 |
| | Nonpriority Creditor's Name PO Box 965036 Orlando, FL 32896 | When was the debt incurred? | 07/09/10 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | ☐ Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | ☐ Yes | Other. Specify Charge Acc | count | |
| 4.3 | Syncb/Walmart | Last 4 digits of account number | 6260 | \$285.00 |
| , | Nonpriority Creditor's Name PO Box 965036 | When was the debt incurred? | 08/12/12 | <u> </u> |
| | Orlando, FL 32896 | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Спеск ан that apply | |
| | Debtor 1 only | Continuent | | |
| | Debtor 2 only | ☐ Contingent | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Unliquidated | | |
| | ■ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | _ | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharir | ng plans, and other similar debts | |
| | □Yes | ■ Other. Specify Charge Ac | count | |
| | | Curior. Opcomy | | |

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| Texas County Memorial Hospital | Last 4 digits of account number | Unknowr |
|--|--|------------|
| Nonpriority Creditor's Name 1333 S. Sam Houston Blvd Houston, MO 65483 | When was the debt incurred? | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| Check if this claim is for a community | ☐ Student loans | |
| lebt s the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did n report as priority claims | ot |
| No | Debts to pension or profit-sharing plans, and other similar debts | |
| ☐Yes | Other. Specify | <u> </u> |
| Tower Loan | Last 4 digits of account number 1701 | \$4,812.00 |
| Nonpriority Creditor's Name 808 West Broadway West Plains, MO 65775 | When was the debt incurred? 10/03/15 | |
| Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | Student loans | |
| s the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did n report as priority claims | ot |
| No | Debts to pension or profit-sharing plans, and other similar debts | |
| ☐Yes | Other. Specify | _ |
| /erizon Wireless | Last 4 digits of account number 4030 | \$310.00 |
| Nonpriority Creditor's Name | | |
| PO Box 11328 Saint Petersburg, FL 33733 | When was the debt incurred? 11/24/01 | |
| Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| Check if this claim is for a community | ☐ Student loans | |
| lebt s the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did n report as priority claims | ot |
| _ | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| No | Debis to pension of profit-sharing plans, and other similar debis | |

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| Nonprior | | | | |
|-------------------------------------|---|---|--|----|
| • | ock Orthodontics | Last 4 digits of account number | \$6,000. | 00 |
| | rity Creditor's Name ast 17th St aain Grove, MO 65711 | When was the debt incurred? | 2015 | |
| Number | Street City State Zip Code curred the debt? Check one. | As of the date you file, the clai | m is: Check all that apply | |
| ☐ Debto | or 1 only | ☐ Contingent | | |
| Debto | or 2 only | ☐ Unliquidated | | |
| ☐ Debto | or 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At lea | ast one of the debtors and another | Type of NONPRIORITY unsecu | red claim: | |
| debt | ck if this claim is for a community | ☐ Student loans ☐ Obligations arising out of a se | eparation agreement or divorce that you did not | |
| | aim subject to offset? | report as priority claims | | |
| ■ No | | ☐ Debts to pension or profit-sha | aring plans, and other similar debts | |
| ☐ Yes | | Other. Specify braces | | |
| Part 3: List (| Others to Be Notified About a D | ebt That You Already Listed | | |
| is trying to coll have more thar | lect from you for a debt you owe to | someone else, list the original creditonat you listed in Parts 1 or 2, list the a | at you already listed in Parts 1 or 2. For example, if a collection ager r in Parts 1 or 2, then list the collection agency here. Similarly, if yo dditional creditors here. If you do not have additional persons to be | u |
| Name and Addres | | On which entry in Part 1 or Part 2 did y | _ | |
| American we Agency | edical Collection | Line 4.31 of (Check one): | Part 1: Creditors with Priority Unsecured Claims | |
| | er Plaza, Bldg 4 ′ 10523 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | |
| | | Last 4 digits of account number | | |
| Name and Addres | | On which entry in Part 1 or Part 2 did y | | |
| Credit Bureau 604 W. Broad | | Line 4.27 of (<i>Check one</i>): | Part 1: Creditors with Priority Unsecured Claims | |
| West Plains, | | | Part 2: Creditors with Nonpriority Unsecured Claims | |
| | | Last 4 digits of account number | | |
| Name and Addres | | On which entry in Part 1 or Part 2 did y | ou list the original creditor? | |
| Diversified C PO Box 5512 | | Line 4.40 of (Check one): | Part 1: Creditors with Priority Unsecured Claims | |
| Jacksonville, | | | Part 2: Creditors with Nonpriority Unsecured Claims | |
| | , | Last 4 digits of account number | | |
| Name and Addres | SS | On which entry in Part 1 or Part 2 did y Line 4.27 of (Check one): | ou list the original creditor? Part 1: Creditors with Priority Unsecured Claims | |
| P.O. Box 403 | | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | |
| Jonesboro, A | AR 72403-4037 | Last 4 digits of account number | ,,,,, | |
| Name and Addres | SS | On which entry in Part 1 or Part 2 did y | you list the original creditor? | |
| Transworld S | Systems | Line 4.24 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims | |
| 2135 E Primre | | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | |
| Springfield, N | WO 03004 | Last 4 digits of account number | | |
| Name and Addres | | On which entry in Part 1 or Part 2 did y | | |
| Wakefield & / | Associates | Line 4.16 of (<i>Check one</i>): | Part 1: Creditors with Priority Unsecured Claims | |
| PO Box 58 Fort Morgan, | CO 80701 | | Part 2: Creditors with Nonpriority Unsecured Claims | |
| | | Last 4 digits of account number | | |

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total Claim

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Debtor 1 Jeffrey Glen Watts Debtor 2 Jennifer L Watts Case number (if known) **Domestic support obligations** 6a. 0.00 Total claims from Part 1 6b. Taxes and certain other debts you owe the government 6b. 0.00 6c. Claims for death or personal injury while you were intoxicated 6c. 0.00 Other. Add all other priority unsecured claims. Write that amount here. 6d. 0.00 Total Priority. Add lines 6a through 6d. 6e. 0.00 **Total Claim** Student loans 6f. 6f. 0.00 Total claims from Part 2 6g. Obligations arising out of a separation agreement or divorce that 0.00 6g. you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts 6h. 0.00 Other. Add all other nonpriority unsecured claims. Write that amount 6i. 6i. 59,540.80 Total Nonpriority. Add lines 6f through 6i. 6j. 59,540.80

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| Fill in this infor | mation to identify your | case: | | |
|---------------------|--------------------------|--------------------|-------------|--|
| Debtor 1 | Jeffrey Glen Watt | ts | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Jennifer L Watts | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | WESTERN DISTRICT O | DF MISSOURI | |
| Case number _ | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code | State what the contract or lease is for |
|--|--|
| 2.1 Randy Campney, Sr 5413 Highway 63 Houston, MO 65483 | 3 year contract for deed for purchase of house on 18 acres. Purchase price was \$132,000, \$10,000 paid down, remainder being paid at \$700 per month, interest rate is 5.5951%. Contract began 2/1/2017 and balloons 2/1/2020, about \$108,000 owed now. Contract has now been extended to 2/1/2024 at 7% |

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| | | Docume | nı Page 44 0 | 00 00 | |
|------------------------|--|--|------------------------|--|--|
| Fill in this | information to identify your | case: | | | |
| Debtor 1 | Jeffrey Clar Wet | to. | | | |
| Depioi i | Jeffrey Glen Wat | Middle Name | Last Name | | |
| Debtor 2 | Jennifer L Watts | | | | |
| (Spouse if, filin | | Middle Name | Last Name | | |
| United Stat | tes Bankruptcy Court for the: | WESTERN DISTRICT (| OF MISSOURI | | |
| | , | - | | | |
| Case numb | ber | | | | |
| (if known) | | | | | Check if this is an |
| | | | | | amended filing |
| Official | l Form 106H | | | | |
| | | la la Cama | | | |
| Sched | lule H: Your Cod | eptors | | | 12/15 |
| Arizona No. | hin the last 8 years, have you a, California, Idaho, Louisiana Go to line 3. s. Did your spouse, former spo | , Nevada, New Mexico, Pu | erto Rico, Texas, Wash | | states and territories include |
| in line Form out Co | 2 again as a codebtor only | if that person is a guaran I Form 106E/F), or Sched | tor or cosigner. Make | sure you have listed th 16G). Use Schedule D, S | with you. List the person shown e creditor on Schedule D (Official Schedule E/F, or Schedule G to fill ditor to whom you owe the debt is that apply: |
| 3.1 | | | | _ Schedule D, line | · |
| ı | Name | | | Schedule E/F, lin | |
| | | | | ☐ Schedule G, line | · |
| | Number Street | | | _ | |
| (| City | State | ZIP Code | | |
| | | | | По | |
| 3.2 | Name | | | Schedule D, line | |
| | | | | ☐ Schedule E/F, lin | |
| | | | | ☐ Schedule G, line | · |
| | Number Street | | · | | |
| (| City | State | ZIP Code | | |

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| | in this information to identify your optor 1 Jeffrey Gle | | | | | | | |
|---------------------|---|--|---|-------------------------|---------------------------------------|--|---|---|
| | otor 2 Jennifer L V | Vatts | | | | | | |
| | ted States Bankruptcy Court for the | e: WESTERN DISTRICT | T OF MISSOURI | | | | | |
| O Be a sup spo atta | fficial Form 106l chedule I: Your Inc as complete and accurate as pos plying correct information. If you use. If you are separated and yo ch a separate sheet to this form. | ssible. If two married peo are married and not filin ur spouse is not filing w On the top of any additi | ng jointly, and your s ith you, do not includ | pouse is l e informa | A A A A A A A A A A A A A A A A A A A | 3 income MM / DD/ Y otor 2), bo you, incli t your spo | ent showing as of the following the are equal ude informations. If more | 12/15 Ily responsible for ation about your e space is needed, |
| Par | Test 1: Describe Employment Fill in your employment | | | | | | | |
| • | information. | | | Debtor 1 | | Debtor 2 or non-filing spouse | | ng spouse |
| | If you have more than one job, attach a separate page with information about additional | Employment status | ■ Employed□ Not employed | | | ☐ Emple ■ Not e | • | |
| | employers. | Occupation | Conductor | | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | BNSF Railway | | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | 1625 N Lexington Springfield, MO | | | | | |
| | | How long employed t | here? 15 years | i | | _ | | |
| Par | t 2: Give Details About Mo | nthly Income | | | | | | |
| | mate monthly income as of the cuse unless you are separated. | late you file this form. If | you have nothing to rep | oort for any | / line, write | e \$0 in the | space. Inclu | ıde your non-filing |
| | u or your non-filing spouse have me space, attach a separate sheet to | | ombine the information | for all emp | loyers for | that perso | n on the line | es below. If you need |
| | | | | | For De | btor 1 | For Debt | |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | | | 2. | 8 | 3,774.00 | \$ | 0.00 |
| 3. | Estimate and list monthly over | time pay. | | 3. + | \$ | 0.00 | +\$ | 0.00 |

4. Calculate gross Income. Add line 2 + line 3.

\$ 8,774.00

0.00

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| | tor 1 tor 2 | Jeffrey Glen Watts Jennifer L Watts | | Case | number (<i>if known</i>) | | | | |
|-----|----------------|--|------------|-------------|----------------------------|----------|----------|-------------------|--------------|
| | | | | For | Debtor 1 | | Debtor 2 | | |
| | Cop | y line 4 here | 4. | \$ | 8,774.00 | \$ | | 0.00 | |
| 5. | List | all payroll deductions: | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | \$ | 1,344.00 | \$ | | 0.00 | |
| | 5b. | Mandatory contributions for retirement plans | 5b. | \$_ | 510.00 | \$ | | 0.00 | |
| | 5c. | Voluntary contributions for retirement plans | 5c. | \$_ | 174.00 | \$ | | 0.00 | |
| | 5d. | Required repayments of retirement fund loans | 5d. | <u>*</u> — | 320.00 | \$ | | 0.00 | |
| | 5e. | Insurance | 5e. | \$ | 458.00 | \$ | | 0.00 | |
| | 5f. | Domestic support obligations | 5f. | \$ | 1,100.00 | \$ | | 0.00 | |
| | 5g. | Union dues | 5g. | \$_ | 328.00 | \$ | | 0.00 | |
| | 5h. | Other deductions. Specify: | 5h.+ | \$ | 0.00 | \$ | | 0.00 | |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$ | 4,234.00 | \$ | | 0.00 | |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 4,540.00 | \$ | | 0.00 | |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$ | 0.00 | \$ | | 0.00 | |
| | 8b. | Interest and dividends | 8b. | \$ | 0.00 | \$ | | 0.00 | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property cettlement. | 90 | \$ | 0.00 | e | | 0.00 | |
| | 8d. | settlement, and property settlement. Unemployment compensation | 8c. 8d. | \$ | 0.00 | \$ | | 0.00 | |
| | 8e. | Social Security | 8e. | \$ — | 0.00 | \$ | | 0.00 | |
| | 8f. 8g. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income | 8f. 8g. | \$ \$ | 0.00 | \$ \$ | | 0.00 | |
| | 8h. | Other monthly income. Specify: | 8h.+ | \$_ | 0.00 | - \$ | | 0.00 | |
| 9. | Add | l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 0.00 | \$ | | 0.00 | |
| 10 | Cald | culate monthly income. Add line 7 + line 9. | 10. \$ | | 4,540.00 + \$ | | 0.00 = | \$ | 4,540.00 |
| | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | Ľ | | 1,040.00 | | 0.00 | _ | 1,010.00 |
| 11. | Inclu othe | te all other regular contributions to the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your fir friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify: | depen | | | | | ′. ⊦ \$ | 0.00 |
| 12. | | I the amount in the last column of line 10 to the amount in line 11. The result is that amount on the Summary of Schedules and Statistical Summary of Certain lies | | | | | 12. | ß | 4,540.00 |
| 13. | | you expect an increase or decrease within the year after you file this form? | ? | | | | _ | ombin | ed income |
| | | No. Yes Explain: | | | | | | | |

| Fill in this inform | nation to identify your case: | | | |
|----------------------------|---|--|---------------------|-------------------------------|
| Debtor 1 | Jeffrey Glen Watts | (| Check if this is: | |
| Debtor 2 | Jennifer L Watts | | ☐ An amended filing | wing postpetition chapte |
| (Spouse, if filing) | | | 13 expenses as of | the following date: |
| United States Ban | kruptcy Court for the: WESTERN DISTRICT OF MISSO | OURI | MM / DD / YYYY | |
| Case number (If known) | | | | |
| | orm 106J | | | |
| | e J: Your Expenses | | | 12 |
| information. If | e and accurate as possible. If two married people ar more space is needed, attach another sheet to this wn). Answer every question. | | | |
| | cribe Your Household | | | |
| 1. Is this a jo | | | | |
| □ No. Go | to line 2. Des Debtor 2 live in a separate household? | | | |
| | · | | | |
| | No Yes. Debtor 2 must file Official Form 106J-2, <i>Expenses</i> | s for Separate Household of | Debtor 2. | |
| 2. Do you ha | ve dependents? No | | | |
| Do not list l Debtor 2. | Debtor 1 and Yes. Fill out this information for each dependent | Dependent's relationship t Debtor 1 or Debtor 2 | o Dependent's age | Does dependent live with you? |
| Do not stat dependents | | Son | 10 | ■ No □ Yes |
| | | Daughter | 13 | ■ No □ Yes □ No |
| | | Son | 14 | ■ Yes |
| | | | | ■ No |
| | | Son | 15 | ☐ Yes |
| | | Daughter | 16 | □ No ■ Yes |
| | | Daughter | 18 | □ No ■ Yes |
| expenses | xpenses include of people other than nd your dependents? ■ No Yes | | | |
| Part 2: Estin | mate Your Ongoing Monthly Expenses | | | |
| Estimate your | expenses as of your bankruptcy filing date unless y f a date after the bankruptcy is filed. If this is a supp e. | | | |
| Include expens | ses paid for with non-cash government assistance i | f vou know | | |
| | ch assistance and have included it on Schedule I: \ | | Your exp | enses |
| | or home ownership expenses for your residence. I and any rent for the ground or lot. | nclude first mortgage | 4. \$ | 700.00 |
| If not inclu | uded in line 4: | | | |
| | | | - ¢ | 05.00 |
| | l estate taxes perty, homeowner's, or renter's insurance | | a. \$ o. \$ | 35.00 143.00 |
| | ne maintenance, repair, and upkeep expenses | | D. \$ | 50.00 |

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| Debtor 1 Debtor 2 | Jeffrey Glen Watts Jennifer L Watts | Case number (if known) | |
|----------------------|--|------------------------|------|
| 4d. | Homeowner's association or condominium dues itional mortgage payments for your residence, such as home equity loans | 4d. \$ | 0.00 |

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| Utilities: 6a. Electricity, heat, natural gas 6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, sa 6d. Other. Specify: Direct TV Food and housekeeping supplies Childcare and children's education co Clothing, laundry, and dry cleaning Personal care products and services Medical and dental expenses | ce, bus or train fare. spapers, magazines, and books | 6a. 6b. 6c. 6d. 7. 8. 9. 10. 11. | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | 300.00 0.00 155.00 120.00 1,000.00 150.00 175.00 100.00 300.00 |
|---|--|--|--|--|
| 6a. Electricity, heat, natural gas 6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, sa 6d. Other. Specify: Direct TV 7. Food and housekeeping supplies 8. Childcare and children's education co 9. Clothing, laundry, and dry cleaning 10. Personal care products and services 11. Medical and dental expenses | ce, bus or train fare. spapers, magazines, and books | 6b. 6c. 6d. 7. 8. 9. 10. 11. | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | 0.00 155.00 120.00 1,000.00 150.00 175.00 100.00 300.00 |
| 6c. Telephone, cell phone, Internet, sa 6d. Other. Specify: Direct TV 7. Food and housekeeping supplies 8. Childcare and children's education co 9. Clothing, laundry, and dry cleaning 10. Personal care products and services 11. Medical and dental expenses | ce, bus or train fare. spapers, magazines, and books | 6c. 6d. 7. 8. 9. 10. 11. 12. | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | 155.00 120.00 1,000.00 150.00 175.00 100.00 300.00 |
| 6d. Other. Specify: Direct TV Food and housekeeping supplies Childcare and children's education co Clothing, laundry, and dry cleaning Personal care products and services Medical and dental expenses | ce, bus or train fare. spapers, magazines, and books | 6d. 7. 8. 9. 10. 11. 12. | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | 120.00 1,000.00 150.00 175.00 100.00 300.00 |
| Food and housekeeping supplies Childcare and children's education co Clothing, laundry, and dry cleaning Personal care products and services Medical and dental expenses | ce, bus or train fare. spapers, magazines, and books | 7. 8. 9. 10. 11. 12. | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | 1,000.00 150.00 175.00 100.00 300.00 |
| 8. Childcare and children's education co 9. Clothing, laundry, and dry cleaning 10. Personal care products and services 11. Medical and dental expenses | ce, bus or train fare. spapers, magazines, and books | 8. 9. 10. 11. 12. 13. | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | 150.00 175.00 100.00 300.00 |
| 9. Clothing, laundry, and dry cleaning10. Personal care products and services11. Medical and dental expenses | ce, bus or train fare. spapers, magazines, and books | 9. 10. 11. 12. 13. | \$ \$ \$ \$ | 175.00 100.00 300.00 |
| 10. Personal care products and services11. Medical and dental expenses | spapers, magazines, and books | 10. 11. 12. 13. | \$ \$ \$ | 100.00 300.00 |
| 11. Medical and dental expenses | spapers, magazines, and books | 11. 12. 13. | \$ | 300.00 |
| • | spapers, magazines, and books | 12. 13. | \$ | |
| | spapers, magazines, and books | 13. | · | 250.00 |
| 12. Transportation. Include gas, maintenand | | 13. | · | £JU.UU |
| Do not include car payments. 13 Entertainment clubs recreation news | | | ъ. | 0.00 |
| 14. Charitable contributions and religious | donationo | 14 | \$ | 0.00 |
| 15. Insurance. | | | <u> </u> | 0.00 |
| Do not include insurance deducted from | your pay or included in lines 4 or 20. | | | |
| 15a. Life insurance | , , | 15a. | \$ | 0.00 |
| 15b. Health insurance | | 15b. | \$ | 0.00 |
| 15c. Vehicle insurance | | 15c. | \$ | 220.00 |
| 15d. Other insurance. Specify: | | 15d. | \$ | 0.00 |
| Taxes. Do not include taxes deducted from Specify: Yearly Taxes | om your pay or included in lines 4 or 20. | 16. | \$ | 70.00 |
| 17. Installment or lease payments: | | | _ | _ |
| 17a. Car payments for Vehicle 1 | | 17a. | · | 385.00 |
| 17b. Car payments for Vehicle 2 | | 17b. | · | 385.00 |
| 17c. Other. Specify: | | 17c. | · | 0.00 |
| 17d. Other. Specify: | | 17d. | \$ | 0.00 |
| | nedule I, Your Income (Official Form 106I | as I). ^{18.} | \$ | 0.00 |
| 19. Other payments you make to support | others who do not live with you. | 40 | \$ | 0.00 |
| Specify: 20. Other real property expenses not inclu | ided in lines 4 or 5 of this form or on So | 19. | ur Incomo | |
| 20a. Mortgages on other property | dued in lines 4 of 5 of this form of on 5c | 20a. | | 0.00 |
| 20b. Real estate taxes | | 20b. | | 0.00 |
| 20c. Property, homeowner's, or renter's | sinsurance | 20c. | · | 0.00 |
| 20d. Maintenance, repair, and upkeep e | | 20d. | · | 0.00 |
| 20e. Homeowner's association or condo | | 20e. | · | 0.00 |
| 21. Other: Specify: | | | +\$ | 0.00 |
| | | | | 3.55 |
| 22. Calculate your monthly expenses | | | | |
| 22a. Add lines 4 through 21. | D. I. O. Y | - | \$ | 4,538.00 |
| | Debtor 2), if any, from Official Form 106J-2 | 2 | \$ | |
| 22c. Add line 22a and 22b. The result is | your monthly expenses. | | \$ | 4,538.00 |
| 23. Calculate your monthly net income. | | | | |
| 23a. Copy line 12 (your combined mont | thly income) from Schedule I. | 23a. | \$ | 4,540.00 |
| 23b. Copy your monthly expenses from | - · · · · · · · · · · · · · · · · · · · | 23b. | -\$ | 4,538.00 |
| , , , | | | · | |
| 23c. Subtract your monthly expenses from The result is your monthly net incompared to the control of the con | | 23c. | \$ | 2.00 |
| 24. Do you expect an increase or decrease For example, do you expect to finish paying for modification to the terms of your mortgage? ■ No. □ Yes. Explain here: | e in your expenses within the year after ryour car loan within the year or do you expect you | | | ise or decrease because of a |

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| Fill in thi | is inform | nation to identify your | case: | | | |
|--------------|-----------|------------------------------|----------------------------|---|--|------|
| Debtor 1 | | Jeffrey Glen Watt | 'S | | | |
| | | First Name | Middle Name | Last Name | | |
| Debtor 2 | | Jennifer L Watts | | | | |
| Spouse if, f | filing) | First Name | Middle Name | Last Name | | |
| United St | tates Bar | nkruptcy Court for the: | WESTERN DISTRICT C |)F MISSOURI | | |
| Case nur | mber _ | | | | | |
| (if known) | | | | | ☐ Check if this is an | |
| Decl | arati | ople are filing togethe | r, both are equally respor | Debtor's Scheo | | 2/15 |
| ears, or | both. 18 | 3 U.S.C. §§ 152, 1341, 1 | 519, and 3571. | , | up to \$250,000, or imprisonment for up to | |
| Did | | | one who is NOT an attor | ney to help you fill out bankrup | otcy forms? | |
| | No | | | | | |
| | Yes. N | ame of person | | | Attach Bankruptcy Petition Preparer's Noti- Declaration, and Signature (Official Form | |
| that | they are | true and correct. | that I have read the sumi | mary and schedules filed with t | | |
| | | rey Glen Watts Glen Watts | | X /s/ Jennifer L Wa Jennifer L Watts | | |
| | | e of Debtor 1 | | Signature of Debtor | | |
| | Date N | March 5, 2019 | | Date March 5, 2 | 2019 | |

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| Fill ir | this inforn | nation to identify you | case: | | | |
|----------|-----------------|--|--------------------------------|--|---------------------------------|------------------------------------|
| Debto | or 1 | Jeffrey Glen Wat | | LastNama | | |
| Debto | or 2 | First Name Jennifer L Watts | Middle Name | Last Name | | |
| | e if, filing) | First Name | Middle Name | Last Name | | |
| Unite | d States Ba | nkruptcy Court for the: | WESTERN DISTRICT OF | MISSOURI | | |
| Case | number | | | | | |
| (if knov | /n) | | | | | theck if this is an mended filing |
| | | | | | | 3 |
| ∩ffi | cial Fo | rm 107 | | | | |
| | | | Affairs for Individ | duals Filing for B | ankruptcy | 4/16 |
| | | | | | equally responsible for sup | |
| nforn | nation. If m | ore space is needed, | attach a separate sheet to | | additional pages, write you | |
| numb | er (if knowi | n). Answer every ques | stion. | | | |
| Part ' | Give D | etails About Your Ma | rital Status and Where You | Lived Before | | |
| 1. V | Vhat is you | current marital statu | s? | | | |
| | Married | | | | | |
| | Not mar | ried | | | | |
| 2. C | ouring the la | ast 3 years, have you | lived anywhere other than | where you live now? | | |
| | No | | | | | |
| | Yes. Lis | t all of the places you li | ved in the last 3 years. Do no | ot include where you live now | | |
| | Debtor 1 Pr | ior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there |
| 3. V | Vithin the la | ıst 8 vears. did vou ev | er live with a spouse or led | aal equivalent in a commun | ity property state or territory | ? (Community property |
| | | | | | co, Texas, Washington and W | |
| ı | No | | | | | |
| | _ | ike sure you fill out Sch | nedule H: Your Codebtors (Of | fficial Form 106H). | | |
| | | | | | | |
| Part 2 | Explai | n the Sources of You | r Income | | | |
| F | ill in the tota | al amount of income yo | u received from all jobs and a | g a business during this ye all businesses, including part- e together, list it only once un | | ndar years? |
| Г |] No | | | | | |
| Ī | | in the details. | | | | |
| | | | D. () | | D 14 0 | |
| | | | Debtor 1 Sources of income | Gross income | Debtor 2 Sources of income | Gross income |
| | | | Check all that apply. | (before deductions and exclusions) | Check all that apply. | (before deductions and exclusions) |
| | | of current year until d for bankruptcy: | ■ Wages, commissions, | \$21,211.00 | ■ Wages, commissions, | \$1,597.00 |
| | - | | bonuses, tips | | bonuses, tips | |
| | | | ☐ Operating a business | | Operating a business | |

Official Form 107

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| | Jeffrey Glen Jennifer L W | | | Cas | e number (if known) | |
|------------------|-----------------------------------|------------------------------|---|--|--|---|
| | | | 51/ | | 211 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| For last cald | endar year: to December | 31, 2018) | ■ Wages, commissions, bonuses, tips | \$109,518.00 | ■ Wages, commissions bonuses, tips | , |
| | | | ☐ Operating a business | | ☐ Operating a business | |
| | endar year be to December | | ■ Wages, commissions, bonuses, tips | \$102,354.00 | ■ Wages, commissions bonuses, tips | , \$6,303.00 |
| | | | ☐ Operating a business | | ☐ Operating a business | |
| List each | h source and | the gross inco | se and you have income that yome from each source separa | | • | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of income Describe below. | Gross income (before deductions and exclusions) |
| | ary 1 of curre u filed for bai | | 2018 tax refunds rec'd 1/29/2019 | \$7,348.00 | | |
| For last calc | endar year: to December | 31, 2018) | 2017 tax refunds | \$8,737.00 | | |
| Part 3: | ist Certain Pa | ayments You | Made Before You Filed for | Bankruptcy | | |
| 6. Are eith ☐ No | . Neither D | ebtor 1 nor D | 's debts primarily consume bebtor 2 has primarily consu personal, family, or househo | u <mark>mer debts.</mark> Consumer debt | s are defined in 11 U.S.C. § | 101(8) as "incurred by an |
| | □ No. | 90 days befo Go to line 7 | ore you filed for bankruptcy, di | id you pay any creditor a tota | l of \$6,425* or more? | |
| | □ Yes | paid that cr not include | each creditor to whom you pai editor. Do not include paymer payments to an attorney for t | nts for domestic support oblights bankruptcy case. | ations, such as child suppo | ort and alimony. Also, do |
| | * Subject | to adjustmen | t on 4/01/19 and every 3 year | s after that for cases filed on | or after the date of adjustm | ent. |
| ■ Ye | | | or both have primarily consure you filed for bankruptcy, di | | I of \$600 or more? | |
| | ■ No. | Go to line 7 | | | | |
| | □ _{Yes} | include pay | each creditor to whom you pai ments for domestic support o this bankruptcy case. | | | |
| Credito | or's Name an | d Address | Dates of payme | ent Total amount | Amount you Was th | is payment for |

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| | otor 1 | Jeffrey Glen Watts | | | | | |
|-----|--------------------------------------|---|--|---|---|-------------------------------|--|
| Del | otor 2 | Jennifer L Watts | | Cas | se number (if known |) | |
| 7. | Inside of whi a busi alimor | n 1 year before you filed for bankruptoers include your relatives; any general pach you are an officer, director, person in iness you operate as a sole proprietor. 1 my. | rtners; relatives of any gen- control, or owner of 20% or | eral partners; partner r more of their voting | erships of which y g securities; and a | ou are a generany managing a | al partner; corporations agent, including one for |
| | | es. List all payments to an insider. | | | | | |
| | Insid | ler's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for | this payment |
| 8. | inside | n 1 year before you filed for bankruptoer? le payments on debts guaranteed or cos | | ments or transfer a | any property on a | account of a d | ebt that benefited an |
| | | No Yes. List all payments to an insider | | | | | |
| | | ler's Name and Address | Dates of payment | Total amount | Amount you | | this payment |
| | rt 4: | Identify Legal Actions, Repossession | | paid | still owe | Include cred | litor's name |
| 9. | List al modifi | n 1 year before you filed for bankrupto I such matters, including personal injury ications, and contract disputes. No Yes. Fill in the details. | | | | | |
| | Case | e title e number | Nature of the case | Court or agency | | Status of th | ne case |
| | VS J | I Motor Credit Company LLC Jeffrey Watts E-AC00253 | AC Breach of Contract | Texas County A Court 519 N Grand A Houston, MO 6 | ve, Suite 202 | ■ Pending □ On appe □ Conclud | eal |
| 10. | Check | n 1 year before you filed for bankrupto call that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below. | Describe the Property | | oreclosed, garni | | d, seized, or levied? Value of the property |
| | Ford | d Motor Credit | Explain what happened garnished about \$30 | | since him | nonthly | \$1,200.00 |
| | P.O. | Box 542000 aha, NE 68154-8000 | November, garnished ☐ Property was reposse ☐ Property was foreclos ☐ Property was garnished ☐ Property was attached | d about \$1200 to ssed. ed. ed. | tal sind | • | φ1,200.00 |
| 11. | accou | n 90 days before you filed for bankrup unts or refuse to make a payment bec No Yes. Fill in the details. | ause you owed a debt? | | | | |
| | Cred | itor Name and Address | Describe the action the | creditor took | Date take | action was | Amount |

Case 19-60227-can7 Doc 1 Filed 03/05/19 Entered 03/05/19 14:01:40 Page 54 of 65 Document **Jeffrey Glen Watts** Debtor 1 Debtor 2 Jennifer L Watts Case number (if known) 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? ☐ Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Value Dates you gave the gifts per person Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? No Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value more than \$600 contributed **Charity's Name** Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses 15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. П Yes. Fill in the details. **Person Who Was Paid** Description and value of any property Date payment Amount of transferred or transfer was Address payment Email or website address made Person Who Made the Payment, if Not You 01/31/2019 Law Office of Patrick W. Rodery \$1,165.00 925 N Main Mountain Grove, MO 65711 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who

promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16.

| ■ No □ Yes. Fill in the details. | | | |
|----------------------------------|---|-----------------------------------|-------------------|
| Person Who Was Paid Address | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy

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Debtor 1 **Jeffrey Glen Watts**Debtor 2 **Jennifer L Watts**

Case number (if known)

| | transferred in the ordinary course of your businclude both outright transfers and transfers made include gifts and transfers that you have already li No ■ Yes. Fill in the details. | e as security (such as th | | ecurity int | erest or mortgage on your | property). Do not |
|-----|--|---|---------------------------|-------------|---|---|
| | Person Who Received Transfer Address | Description and va property transferre | | payme | ibe any property or ents received or debts n exchange | Date transfer was made |
| | Person's relationship to you Car Mart | traded 2008 Pon 2011 Chevy Equi | | | | 2/2018 |
| | none | | | | | |
| 19. | Within 10 years before you filed for bankruptcy beneficiary? (These are often called asset-protect No Yes. Fill in the details. | | property to a s | elf-settle | d trust or similar device o | of which you are a |
| | Name of trust | Description and va | lue of the prope | erty trans | ferred | Date Transfer was |
| | | | | | | made |
| Par | t 8: List of Certain Financial Accounts, Instru | uments, Safe Deposit | Boxes, and Sto | rage Unit | S | |
| 20. | Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or chouses, pension funds, cooperatives, associated No Yes. Fill in the details. | other financial account | ts; certificates o | of deposi | | |
| | | ast 4 digits of ccount number | Type of accour instrument | nt or | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
| 21. | Do you now have, or did you have within 1 year cash, or other valuables? | ar before you filed for I | bankruptcy, any | safe dep | oosit box or other deposi | tory for securities, |
| | NoYes. Fill in the details. | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acce Address (Number, Str State and ZIP Code) | | Describe | the contents | Do you still have it? |
| 22. | Have you stored property in a storage unit or p | olace other than your I | home within 1 y | ear befor | e you filed for bankruptc | y? |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or ha to it? Address (Number, Str State and ZIP Code) | | Describe | the contents | Do you still have it? |
| Par | t 9: Identify Property You Hold or Control for | r Someone Else | | | | |
| 23. | Do you hold or control any property that some for someone. | eone else owns? Inclu | de any property | you bori | rowed from, are storing fo | or, or hold in trust |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the prope (Number, Street, City, Sta | | Describe | the property | Value |
| | Addition (Mulliper, Street, Oity, State and ZIF Code) | Code) | | | | |

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Debtor 1 **Jeffrey Glen Watts**Debtor 2 **Jennifer L Watts**

Part 10: Give Details About Environmental Information

Case number (if known)

| For the purpose of Part 10, the following definitions apply: | |
|--|--|

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? No Yes. Fill in the details. Name of site Governmental unit Environmental law, if you Date of notice Address (Number, Street, City, State and ZIP Code) know it Address (Number, Street, City, State and

| | | ZIP Code) | | |
|-----|--|--|-----------------------------------|----------------|
| 25. | Have you notified any governmental unit of any | release of hazardous material? | | |
| | ■ No □ Yes. Fill in the details. | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice |

- 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.
 - No
 □ Yes. Fill in the details.

 Case Title
 Case Number

 Case Number

 Case Number

 Name
 Address (Number, Street, City, State and ZIP Code)

Part 11: Give Details About Your Business or Connections to Any Business

| 27. | Wit | hin 4 years before you filed for bankrupte | cy, did you own a business or have any of | the following connections to any business? |
|-----|-----|--|--|--|
| | | ☐ A sole proprietor or self-employed in | n a trade, profession, or other activity, either | er full-time or part-time |
| | | ☐ A member of a limited liability comp | any (LLC) or limited liability partnership (L | LP) |
| | | ☐ A partner in a partnership | | |
| | | ☐ An officer, director, or managing exe | ecutive of a corporation | |
| | | ☐ An owner of at least 5% of the voting | g or equity securities of a corporation | |
| | | No. None of the above applies. Go to P | art 12. | |
| | | Yes. Check all that apply above and fill | in the details below for each business. | |
| | | siness Name | Describe the nature of the business | Employer Identification number |

Name of accountant or bookkeeper

(Number, Street, City, State and ZIP Code)

Dates business existed

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| Debtor Debtor | • | Case number (if known) |
|---------------------------------|---|--|
| | ithin 2 years before you filed for bankru stitutions, creditors, or other parties. | ptcy, did you give a financial statement to anyone about your business? Include all financial |
| | No Yes. Fill in the details below. | |
| A | ame ddress umber, Street, City, State and ZIP Code) | Date Issued |
| Part 12 | 2: Sign Below | |
| are true with a k 18 U.S. | e and correct. I understand that making pankruptcy case can result in fines up t C. §§ 152, 1341, 1519, and 3571. | Financial Affairs and any attachments, and I declare under penalty of perjury that the answers a false statement, concealing property, or obtaining money or property by fraud in connection o \$250,000, or imprisonment for up to 20 years, or both. |
| | ffrey Glen Watts | /s/ Jennifer L Watts |
| | y Glen Watts ure of Debtor 1 | Signature of Debtor 2 |
| Date | March 5, 2019 | Date <u>March 5, 2019</u> |
| Did you ■ No □ Yes | attach additional pages to Your Stater | nent of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? |
| _ ′ | ı pay or agree to pay someone who is n | ot an attorney to help you fill out bankruptcy forms? |
| No | | |

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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| Debtor 1 | Jeffrey Glen Wat | ts | | |
|--------------------|------------------|-------------|-----------|-----------------------|
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Jennifer L Watts | | | |
| Spouse if, filing) | First Name | Middle Name | Last Name | |
| Case number | | | | |
| Case number | | | | ☐ Check if this is ar |
| | | | | amended filing |

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below

| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C |
|---|---|--|
| Creditor's Car Mart of West Plains | ☐ Surrender the property. | □ No |
| Description of 2002 Dodge Ram 230000 miles | ☐ Retain the property and redeem it. ☐ Retain the property and enter into a Reaffirmation Agreement. | ■ Yes |
| property securing debt: | Retain the property and [explain]: make regular payments | |
| Creditor's Colonial Auto Finance/CM | ☐ Surrender the property. | ■ No |
| name: | Retain the property and redeem it. | □ Yes |
| Description of 2011 Chevy Equinox 160000 | ☐ Retain the property and enter into a Reaffirmation Agreement. | ⊔ Yes |
| property miles securing debt: | Retain the property and [explain]: make regular payments | |

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Official Form 108

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| | otor 1 Jeffrey Glen Watts otor 2 Jennifer L Watts | | | | | Case number (if known) | | |
|----------------------------------|---|-----------------------|--|--|----------------|--|-------------------------------|--|
| Lessor's name: Randy Campney, Sr | | | | | □ No | | | |
| | | | | | | | ■ Yes | |
| | scriptior perty: | n of leased | price was \$132,000, \$ month, interest rate i | \$10,000 paid down, re is 5.5951%. Contract | maind begai | on 18 acres. Purchase ler being paid at \$700 per n 2/1/2017 and balloons as now been extended to | | |
| Part | i 3: S | Sign Below | | | | | | |
| | | | ry, I declare that I have in | | out an | y property of my estate that se | cures a debt and any personal | |
| Χ | /s/ Je | effrey Glen | Watts | | X /s/ | Jennifer L Watts | | |
| | Jeffrey Glen Watts | | | Jennifer L Watts | | | | |
| | Signa | Signature of Debtor 1 | | | Sig | nature of Debtor 2 | | |
| Date March 5, 2019 | | <u></u> | Date | March 5, 2019 | | | | |

| Fill in this in | nformation to identify your case: | | | | | | rected ir | this form and in F | orm |
|---|---|--------------------------------------|---------------------|-------------------------------------|-------------------|--|--------------------------|--|-------------------------|
| Debtor 1 | Jeffrey Glen Watts | | | 12: | 2A-1S | upp: | | | |
| Debtor 2 (Spouse, if filin | Jennifer L Watts | | | | ■ 1. 7 | here is no pres | umption (| of abuse | |
| United Stat | tes Bankruptcy Court for the: Western District of | Missour | i | | | | ade und | ine if a presumption ler <i>Chapter 7 Meai</i> n 122A-2) | |
| Case numb | per | | | | | , | | t apply now becaus | oo of |
| (| | | | | | | | but it could apply I | |
| | | | | | □ Cr | eck if this is a | n amen | ded filing | |
| Official | l Form 122A - 1 | | | | | | | · · | |
| | er 7 Statement of Your Cur | rent | Moi | nthly Inc | om | e | | | 12/1 |
| attach a sep case number qualifying m | ete and accurate as possible. If two married people a arate sheet to this form. Include the line number to w r (if known). If you believe that you are exempted fror ilitary service, complete and file Statement of Exemp | hich the a n a presu tion from | addition imption | nal information a of abuse becau | applies se you | . On the top of an do not have prin | y addition narily con | nal pages, write you | ur name and cause of |
| | is your marital and filing status? Check one on | ly. | | | | | | | |
| | ot married. Fill out Column A, lines 2-11. | | | | | | | | |
| | arried and your spouse is filing with you. Fill ou | | | | 2-11. | | | | |
| | arried and your spouse is NOT filing with you. | | • | • | | | | | |
| | Living in the same household and are not lega | | | | | - | | | |
| | Living separately or are legally separated. Fill of penalty of perjury that you and your spouse are lead living apart for reasons that do not include evading | egally se | parated | d under nonbar | krupto | y law that applie | s or that | • | |
| 101(10A) the 6 mor | e average monthly income that you received from all and a series of the | onth perio by 6. Fill i | d would n the re | be March 1 throsult. Do not include | ugh Au de any | gust 31. If the amo | unt of you ore than o | ir monthly income val ince. For example, if | ried during |
| | | | | | Colui | | Colum. Debto | | |
| | gross wages, salary, tips, bonuses, overtime, a ll deductions). | and com | missio | ons (before all | \$ | 8,774.00 | \$ | 0.00 | |
| | ony and maintenance payments. Do not include nn B is filled in. | payment | ts from | a spouse if | \$ | 0.00 | \$ | 0.00 | |
| of you from a and ro | nounts from any source which are regularly pa u or your dependents, including child support. an unmarried partner, members of your household commates. Include regular contributions from a sp n. Do not include payments you listed on line 3. | Include , your de | regular epende | contributions nts, parents, | \$ | 0.00 | \$ | 0.00 | |
| 5. Net in | ncome from operating a business, profession, | or farm | | | | | | | |
| | | \$ | 0.00 | otor 1 | | | | | |
| | s receipts (before all deductions) | -\$ | 0.00 | | | | | | |
| | ary and necessary operating expenses conthly income from a business, profession, or farr | · — | | Copy here -> | \$ | 0.00 | \$ | 0.00 | |
| | ncome from rental and other real property | Ψ | | | · — | | Ť | | |
| 0. 146111 | issues is surface and strict real property | | Deb | otor 1 | | | | | |
| Gross | receipts (before all deductions) | \$ | 0.00 | | | | | | |
| | ary and necessary operating expenses | -\$ | 0.00 | | | | | | |
| Net m | nonthly income from rental or other real property | \$ | 0.00 | Copy here -> | \$ | 0.00 | \$ | 0.00 | |

Official Form 122A-1

0.00

7. Interest, dividends, and royalties

0.00

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Jennifer L Watts Debtor 2 Case number (if known) Column A Column B Debtor 1 Debtor 2 or non-filing spouse 8. Unemployment compensation 0.00 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: 0.00 For your spouse \$ 0.00 9. Pension or retirement income. Do not include any amount received that was a 0.00 0.00 benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. 0.00 0.00 0.00 0.00 Total amounts from separate pages, if any. 0.00 0.00 \$ 11. Calculate your total current monthly income. Add lines 2 through 10 for 8,774.00 \$ 0.00 \$ 8,774.00 each column. Then add the total for Column A to the total for Column B. Total current monthly Part 2: **Determine Whether the Means Test Applies to You** 12. Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11 Copy line 11 here=> 8,774.00 Multiply by 12 (the number of months in a year) x 12 105,288.00 12b. The result is your annual income for this part of the form 12b. 13. Calculate the median family income that applies to you. Follow these steps: MO Fill in the state in which you live. Fill in the number of people in your household. Fill in the median family income for your state and size of household. 117,209.00 13. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 14. How do the lines compare? 14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2. Part 3: Sian Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Jeffrey Glen Watts X /s/ Jennifer L Watts Jeffrey Glen Watts Jennifer L Watts Signature of Debtor 1 Signature of Debtor 2 Date March 5, 2019 Date March 5, 2019 MM / DD / YYYY MM / DD / YYYY If you checked line 14a, do NOT fill out or file Form 122A-2. If you checked line 14b, fill out Form 122A-2 and file it with this form.

Jeffrey Glen Watts

Debtor 1

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation | |
|------------|--------------------|--|
| \$245 | filing fee | |
| \$75 | administrative fee | |
| + \$15 | trustee surcharge | |
| \$335 | total fee | |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.